

**Affidavit to Accompany
Motion for Leave to Appeal in Forma Pauperis**

District Court No. 1:04-cr-10336-NMG
Appeal No. 07-1575

UNITED STATES OF AMERICA

Appellee,
v.

JULIO CARRION SANTIAGO
Appellant.

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct.(28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Julio Carrion Santiago

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 9-6-2007

My issues on appeal are: To be determined by Appellant and future legal counsel.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

| Income source | Average monthly amount during the past 12 months | Amount expected next month | |
|--|--|----------------------------|----------------|
| You | Spouse | You | Spouse |
| Employment | \$ <u>0.00</u> | \$ <u>5.25</u> | \$ <u>N/A</u> |
| Self-employment | \$ <u>0.00</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Income from real property (such as rental income) | \$ <u>0.00</u> | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Interest and dividends | \$ <u>0.00</u> | \$ <u>N/A</u> | \$ <u>0.00</u> |

| Income source | Average monthly amount during the past 12 months | | Amount expected next month | |
|--|---|--------|----------------------------|--------|
| | You | Spouse | You | Spouse |
| Gifts | \$ 0.00 | \$ N/A | \$ 0.00 | \$ N/A |
| Alimony | \$ 0.00 | \$ N/A | \$ 0.00 | \$ N/A |
| Child support | \$ 0.00 | \$ N/A | \$ 0.00 | \$ N/A |
| Retirement (such as social security, pensions, annuities, insurance) | \$ 0.00 | \$ N/A | \$ 0.00 | \$ N/A |
| Disability (such as social security, insurance payments) | \$ 0.00 | \$ N/A | \$ 0.00 | \$ N/A |
| Unemployment payments | \$ 0.00 | \$ N/A | \$ 0.00 | \$ N/A |
| Public-assistance (such as welfare) | \$ 0.00 | \$ N/A | \$ 0.00 | \$ N/A |
| Other (specify): | \$ 1,000.00 | \$ N/A | \$ 0.00 | \$ N/A |
| Total Monthly income: | \$ 150.00 | \$ N/A | \$ 5.25 | \$ N/A |

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

| Employer | Address | Dates of Employment | Gross monthly pay |
|---------------|------------|---------------------|-------------------------|
| Self Employed | Lowell, MA | 1988-2004 | Approximately \$1500.00 |
| | | | |
| | | | |
| | | | |

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

| Employer | Address | Dates of Employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
| N/A | | | |
| | | | |
| | | | |
| | | | |

4. How much cash do you and your spouse have? \$ 0.00

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

| Financial Institution | Type of Account | Amount you have | Amount your spouse has |
|-----------------------|-----------------|-----------------|------------------------|
| <u>None</u> | <u>\$0.00</u> | <u>\$</u> _____ | <u>\$</u> _____ |
| _____ | _____ | <u>\$</u> _____ | <u>\$</u> _____ |
| _____ | _____ | <u>\$</u> _____ | <u>\$</u> _____ |

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you or your spouse owns. Do not list clothing and ordinary household furnishings.

| | | | | | |
|--|------------------|----------------------------------|------------------|--|-------------------------|
| Home <u>None</u> | (Value) _____ | Other real estate <u>None</u> | (Value) _____ | Motor Vehicle #1 Make & year: <u>None</u> | (Value) _____ |
| _____ | _____ | _____ | _____ | Model: _____ | Registration#: _____ |
| Motor Vehicle #2 Make & year: <u>None</u> | (Value) _____ | Other assets <u>None</u> | (Value) _____ | Other assets <u>None</u> | (Value) _____ |
| Model: _____ | _____ | _____ | _____ | _____ | _____ |
| Registration#: _____ | _____ | _____ | _____ | _____ | _____ |

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

| Person owing you or your spouse money | Amount owed to you | Amount owed to your spouse |
|---------------------------------------|--------------------|----------------------------|
| <u>None</u> | <u>None</u> | <u>None</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

7. State the persons who rely on you or your spouse for support.

| Name | Relationship | Age |
|-------------|--------------|-------|
| <u>None</u> | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

| | You | Spouse |
|--|---------|--------|
| Rent or home mortgage payment (include lot rented for mobile home) | \$ 0.00 | \$ N/A |
| Are any real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Utilities (electricity, heating fuel, water, sewer, and Telephone) | \$ 0.00 | \$ N/A |
| Home maintenance (repairs and upkeep) | \$ 0.00 | \$ N/A |
| Food | \$ 0.00 | \$ N/A |
| Clothing | \$ 0.00 | \$ N/A |
| Laundry and dry-cleaning | \$ 0.00 | \$ N/A |
| Medical and dental expenses | \$ 0.00 | \$ N/A |
| Transportation (not including motor vehicle payments) | \$ 0.00 | \$ N/A |
| Recreation, entertainment, newspapers, magazines, etc. | \$ 0.00 | \$ N/A |
| Insurance (not deducted from wages or included in Mortgage payments) | \$ 0.00 | \$ N/A |
| Homeowner's or renter's | \$ 0.00 | \$ N/A |
| Life | \$ 0.00 | \$ N/A |
| Health | \$ 0.00 | \$ N/A |
| Motor Vehicle | \$ 0.00 | \$ N/A |
| Other: _____ | \$ 0.00 | \$ N/A |
| Taxes (not deducted from wages or included in Mortgage payments)(specify): _____ | \$ 0.00 | \$ N/A |
| Installment payments | \$ 0.00 | \$ N/A |
| Motor Vehicle | \$ 0.00 | \$ N/A |
| Credit card (name): _____ | \$ 0.00 | \$ N/A |
| Department store (name): _____ | \$ 0.00 | \$ N/A |
| Other: _____ | \$ 0.00 | \$ N/A |

CERTIFICATION OF AUTHENTICITY

I, Anthony Harding, Case Manager - Bureau of Prisons - FCC (Low) in Petersburg, Virginia accessed by computer the last six (6) months financial activity of the account of Julio Carrion Santiago. Mr. Santiago's Registration Number is 71378-053.

The Account showed that Mr. Santiago had received \$906.00 in the past six months and that Mr. Santiago has spent \$610.35 year to date. Presently, Mr. Santiago, according to this report has a balance of \$235.65 left in his account.

This report was printed on August 28, 2007 at 11:19:29 AM. I respectfully submit this information believing, to the best of my knowledge, that the same is true and correct.

9/4/07

Date:



Anthony Harding



Inmate Inquiry

Inmate Reg #: 71378053 Current Institution: Petersburg Complex PCI
Inmate Name: SANTIAGO, JULIO Housing Unit: PET-L-A
Report Date: 08/28/2007 Living Quarters: L08-124U
Report Time: 11:19:29 AM

[General Information](#) | [Account Balances](#) | [Commissary History](#) | [Commissary Restrictions](#) | [Comments](#)

General Information

Administrative Hold Indicator: No

No Power of Attorney: No

Never Waive NSF Fee: No

Max Allowed Deduction %: 100

PIN: 2185

PAC #: 531119387

FRP Participation Status: Unassigned

Arrived From: PEX

Transferred To:

Account Creation Date: 10/15/2004

Local Account Activation Date: 6/23/2007 10:37:36 AM

Sort Codes:

Last Account Update: 8/25/2007 2:13:27 PM

Account Status: Active

Phone Balance: \$8.94

FRP Plan Information

| FRP Plan Type | Expected Amount | Expected Rate |
|---------------|-----------------|---------------|
|---------------|-----------------|---------------|

Account Balances

| | |
|--------------------------------------|----------|
| Account Balance: | \$235.65 |
| Pre-Release Balance: | \$0.00 |
| Debt Encumbrance: | \$0.00 |
| SPO Encumbrance: | \$0.00 |
| Other Encumbrances: | \$0.00 |
| Outstanding Negotiable Instruments: | \$0.00 |
| Administrative Hold Balance: | \$0.00 |
| Available Balance: | \$235.65 |
| National 6 Months Deposits: | \$906.00 |
| National 6 Months Withdrawals: | \$670.35 |
| National 6 Months Avg Daily Balance: | \$139.18 |
| Local Max. Balance - Prev. 30 Days: | \$235.65 |
| Average Balance - Prev. 30 Days: | \$86.11 |

Commissary History

Purchases

Validation Period Purchases: \$0.00
YTD Purchases: \$610.35
Last Sales Date: 8/21/2007 5:58:09 PM

SPO Information

SPO's this Month: 0
SPO \$ this Quarter: \$0.00

Spending Limit Info

Spending Limit Override: No
Weekly Revalidation: No
Spending Limit: \$290.00
Expended Spending Limit: \$0.00
Remaining Spending Limit: \$290.00

Commissary Restrictions

Spending Limit Restrictions

Restricted Spending Limit: \$0.00
Restricted Expended Amount: \$0.00
Restricted Remaining Spending Limit: \$0.00
Restriction Start Date: N/A
Restriction End Date: N/A

Item Restrictions

| List Name | List Type | Start Date | End Date | Userid | Active |
|-----------|-----------|------------|----------|--------|--------|
| | | | | | |

Comments

Comments:

United States Court of Appeals For the First Circuit

No. 07-1575

UNITED STATES

Appellee

v.

JULIO CARRION SANTIAGO, a/k/a Macho

Defendant - Appellant

ORDER OF COURT

Entered: August 21, 2007
Pursuant to 1st Cir. R. 27.0(d)

Appellant's pro se motion for court-appointed counsel is denied without prejudice to refiling once the appellant has obtained in forma pauperis ("IFP") status.

If the appellant has not already done so, appellant must file, on or before **September 11, 2007**, a motion to proceed IFP and a financial affidavit in the district court, and provide this court with proof of filing. Forms for applying for IFP status on appeal will be forwarded to appellant with this order. If the district court denies appellant's motion, he may refile his IFP motion and financial affidavit in this court along with a renewed motion for appointment of counsel.

By the Court:
Richard Cushing Donovan, Clerk

By ERIC H. DEININGER
Appeals Attorney